



INSIGHTS IN IMAGES

CLINICAL CHALLENGE

In each issue, *JUCM* will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of dermatologic conditions that real urgent care patients have presented with.

If you would like to submit a case for consideration, please e-mail the relevant materials and presenting information to editor@jucm.com.

FIGURE 1



The patient is an 82-year-old man who slipped on the street, experiencing a blow to his right shoulder. He has significant local swelling in the injured shoulder—specifically, over the acromioclavicular joint—as well as significantly limited range of motion. His distal pulses are normal.

View the x-ray taken (**Figure 1**) and consider what your diagnosis and next steps would be. Resolution of the case is described on the next page.

THE RESOLUTION

FIGURE 2



The x-ray indicates that this patient suffered a type III acromioclavicular joint separation with disruption of the acromioclavicular and coracoclavicular ligaments—a complete tear of the AC joint. Coracoclavicular ligament disruption is noted by the elevation of the distal clavicle. AC disruption is represented by a widening of the AC joint space.

An axillary view of the shoulder is necessary in all type III injuries to rule out a type IV (unstable) injury. This would show posterior displacement of the clavicle and requires immediate referral to an orthopedist.

Type III joint injuries are most often managed non-operatively with rest, ice, sling, and analgesics, as was the case with this patient.

Acknowledgment: Case presented by Nahum Kovalski, BSc, MDCM